

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

**Alternative Fuel Transportation
Grant Application
Indiana Department of Commerce,
Energy Policy Division**

I. Applicant Profile

Organization Name: _____
Address: _____
City: _____ State: _____
County: _____ ZIP Code: _____
Building Address (if different from above): _____
Federal Employer Identification Number: _____
Company Contact: _____ Phone: _____
Title: _____ Fax: _____

Do you own the property involved in this project or lease it from the owner (circle one)?
Lease Own

Give a brief history of the business or organization and describe the products made and/or services provided. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

Timeline

What are the target dates by which you expect to complete the following actions:

Order vehicles/equipment/fuel: _____
Begin use of vehicles/equipment/fuel: _____
Begin paying for equipment/material/fuel: _____

(Note: Only costs incurred after a grant award letter and evidenced by an invoice and proof of payment are eligible for funding.)

II. Project Information

A. Describe the project for which funding is being requested. List all vehicles to be purchased or converted to alternative fuel capability, including make, model and year. For vehicles that are to be converted, specify the current odometer reading and who will perform the conversion. For the purchase of renewable fuels (biodiesel and E-85 ethanol) specify the vehicles in which the fuel is to be used, the availability of fuel in your area and the anticipated uses of the vehicles during the grant period. For all projects, be sure to specify which type of alternative fuel is to be used in this project. Describe any other equipment to be purchased. Attached specification sheets for any equipment to be purchased. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

III. Economic Development

Current number of full-time employees _____
Average hourly wage (including fringe benefits) for current employees _____
Projected number of new employees (if any) to be hired as a result of this project _____
Average hourly wage for new employees to be hired as a result of this project _____
Projected number of employees to be retained (if any) as a result of this project _____

A. Discuss the project's economic benefit to the applicant. Besides helping with the purchase of vehicles and/or installation of equipment, will this project result in ongoing benefits (jobs created, cost savings, efficiencies, etc.)? Be sure to make an estimate here of potential cost savings from this project. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

B. Discuss the potential benefits (if any) to other businesses and industries in Indiana. Is the primary equipment manufacturer or vendor an Indiana company? Will the use of fuels or feedstock benefit an Indiana business? Does this project aid in the development of any specific industries in Indiana? (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

IV. Conventional Fuel Offset

Describe how the proposed project will result in the offsetting of gasoline and/or diesel fuel consumption. Use this section to estimate the annual number of miles that you expect each of the vehicles in the project to be driven and the number of gallons of conventional fuel that you expect to be offset. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

V. Environmental Effect

Describe the environmental benefits of this project for the State of Indiana. Will the project significantly reduce pollutant emissions? (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

VI. Project Budget Information

Enter estimated costs of the proposed project below.

Factory-equipped vehicle costs: _____

Incremental cost of vehicles*: _____

Vehicle conversion costs: _____

Refueling/recharging equipment costs: _____

Fuel costs for biodiesel or E-85: _____

Incremental cost for biodiesel or E-85**: _____

Other (describe): _____

Total project cost: _____

** List here the additional cost of purchasing an alternative fuel vehicle compared with the model's conventional equivalent.*

*** List here the additional cost of purchasing biodiesel or E-85 compared with conventional diesel.*

Attach supporting documentation for all costs listed above.

If the applicant will receive any manufacturer rebates or other cash incentives or bonuses other than the requested AFT grant, the value of the rebate or incentive must be subtracted from the project costs.

Grant request amount: _____

Applicant's funds to be used for the project: _____

Other funds (describe): _____

Total project funds: _____

See the Application Guidelines for limitations on grant request amounts.

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

Describe the sources of funding listed above. Specify the sources of the applicant's portion (cash, credit, loan, etc.). Please attach supporting documentation to show that your company or organization can provide cost sharing. Describe all other cost-sharing arrangements (project partnerships, other grants, etc.). Cost-sharing arrangements should be documented with letters of support or commitment. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

VII. Permit Information

Will any federal, state and local environmental or safety permits, or permit modifications, be needed for this project? If yes, document that these permits have been or will be acquired. (Attach extra pages if additional space is required.)

_____ *Check if additional comments are attached for this section.*

VIII. Applicant Disclosure

Is the applicant a minority-owned business?

No _____ Yes _____

Please answer the following and explain all "yes" responses on a separate page. ("Yes" responses will not automatically preclude an applicant from consideration.)

1. Is the applicant presently involved in any litigation that would have a material adverse effect on the company's and/or the principals' financial condition?

Yes____ No____

2. Has the applicant ever been involved in bankruptcy, creditor's rights or receivership proceedings or sought protection from creditors?

Yes____ No____

SAMPLE FORM – DO NOT SUBMIT THIS FORM – IT IS FOR SAMPLE PURPOSES ONLY. OBTAIN OFFICIAL FORM BY CALLING 317-232-8970.

3. Has the applicant or any principal of the applicant's organization been convicted of any felony?

Yes___

No___

4. Has the applicant or any principal of the applicant's organization been under indictment or investigation by a public agency for a violation of a state or federal statute?

Yes___

No___

5. Have legitimate questions/issues been raised by the applicant's bank, creditors, suppliers or staff regarding the company's ability to survive for at least the next five years?

Yes___

No___

_____*Check if additional comments are attached for this section.*

IX: Applicant Affirmations

The Applicant hereby affirms that it is properly registered with the Indiana Secretary of State and is in good standing with the Indiana Department of Revenue. The Applicant also affirms that, i) there are no outstanding enforcement actions against it by the Indiana Department of Environmental Management, ii) all permits have been acquired or are in process with the Indiana Department of Environmental Management and the Indiana Department of Natural Resources, and iii) there are no significant workforce issues, such as a pending reduction in the applicant's workforce or pending or threatened workforce action against the Applicant. The below-named signatory(ies) hereby warrant that they are authorized to make such affirmations to the Indiana Department of Commerce.

I attest that, to the best of my knowledge, all information provided in this application and in conjunction with this application is factual.

Authorized Official
(signature)

Project Manager (if applicable)
(signature)

Name (type or print)

Name (type or print)

Title

Title

Date

Date